



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**ANGLE-CLOSURE GLAUCOMA**

**No. 25 of 2012**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and  
*Military Rehabilitation and Compensation Act 2004*

**Title**

1. This Instrument may be cited as Statement of Principles concerning angle-closure glaucoma No. 25 of 2012.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 15 of 1999, as amended by Instrument No. 25 of 2006, concerning angle-closure glaucoma; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **angle-closure glaucoma** and **death from angle-closure glaucoma**.
  - (b) For the purposes of this Statement of Principles, "**angle-closure glaucoma**" means a progressive neuropathy involving characteristic optic disc abnormalities and visual field defects, associated with closure of the iridocorneal angle and usually associated with raised intraocular pressure.

**Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **angle-closure glaucoma** and **death from**

**angle-closure glaucoma** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

**Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

**Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **angle-closure glaucoma** or **death from angle-closure glaucoma** with the circumstances of a person's relevant service is:
- (a) for acute angle-closure glaucoma only, taking or using a drug or a drug from a class of drugs in the specified list, within the two weeks before the clinical onset of angle-closure glaucoma; or
  - (b) having occlusion of the iridocorneal angle due to a specified disorder of the affected eye or orbit at the time of the clinical onset of angle-closure glaucoma; or
  - (c) having neovascularisation of the iridocorneal angle of the affected eye due to a specified condition or procedure before the clinical onset of angle-closure glaucoma; or
  - (d) having trauma as specified to the affected eye before the clinical onset of angle-closure glaucoma; or
  - (e) having sympathetic ophthalmia at the time of the clinical onset of angle-closure glaucoma; or
  - (f) having intraocular surgery to the affected eye before the clinical onset of angle-closure glaucoma; or
  - (g) having non-intraocular surgery to the affected eye or surgery to an eyelid of the affected eye in the one month before the clinical onset of angle-closure glaucoma; or
  - (h) having received a cumulative equivalent dose of at least 10 sieverts of ionising radiation to the affected eye before the clinical onset of angle-closure glaucoma; or
  - (i) undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation, before the clinical onset of angle-closure glaucoma; or
  - (j) having occlusion of the iridocorneal angle due to a specified disorder of the affected eye or orbit at the time of the clinical worsening of angle-closure glaucoma; or
  - (k) having neovascularisation of the iridocorneal angle of the affected eye due to a specified condition or procedure before the clinical worsening of angle-closure glaucoma; or

- (l) having trauma as specified to the affected eye before the clinical worsening of angle-closure glaucoma; or
- (m) having sympathetic ophthalmia at the time of the clinical worsening of angle-closure glaucoma; or
- (n) having intraocular surgery to the affected eye before the clinical worsening of angle-closure glaucoma; or
- (o) having non-intraocular surgery to the affected eye or surgery to an eyelid of the affected eye in the one month before the clinical worsening of angle-closure glaucoma; or
- (p) having received a cumulative equivalent dose of at least 10 sieverts of ionising radiation to the affected eye before the clinical worsening of angle-closure glaucoma; or
- (q) undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation, before the clinical worsening of angle-closure glaucoma; or
- (r) inability to obtain appropriate clinical management for angle-closure glaucoma.

**Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(j) to 6(r)** apply only to material contribution to, or aggravation of, angle-closure glaucoma where the person's angle-closure glaucoma was suffered or contracted before or during (but not arising out of) the person's relevant service.

**Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

**Other definitions**

9. For the purposes of this Statement of Principles:
- "a drug or a drug from a class of drugs in the specified list"** means one of the following:
- (a) adrenergic agents, including beta-2 adrenergic agents;
  - (b) amphetamines, including amphetamine, dextroamphetamine, methamphetamine and methylenedioxymethamphetamine (ecstasy);
  - (c) anticholinergic agents, including tropicamide, atropine, homatropine, cyclopentolate, disopyramide, orphenadrine, trihexyphenidyl, ipratropium bromide and scopolamine;
  - (d) antihistamines, including H<sub>1</sub> and H<sub>2</sub> receptor blockers;
  - (e) botulinum toxin for blepharospasm;
  - (f) candesartan;
  - (g) cholinergic agents, including pilocarpine, acetylcholine and carbachol;
  - (h) ipsilateral intranasal or intraocular cocaine;

- (i) monamine oxidase inhibitors;
- (j) phenothiazine antipsychotics;
- (k) selective serotonin reuptake inhibitors;
- (l) serotonin noradrenaline reuptake inhibitors;
- (m) sulpha containing drugs, including topiramate, hydrochlorothiazide, acetazolamide and trimethoprim-sulphamethoxazole;
- (n) tetracyclic antidepressants;
- (o) tetracycline;
- (p) tricyclic antidepressants;
- (q) other drugs which cause mydriasis or miosis; or
- (r) other drugs which cause an allergic or inflammatory reaction involving structures of the anterior segment of the eye;

**"a specified condition or procedure"** means one of the following:

- (a) carotid endarterectomy on the affected side;
- (b) diabetic retinopathy of the affected eye;
- (c) intraocular surgery to the affected eye;
- (d) intraocular tumour involving the affected eye;
- (e) ipsilateral carotid artery occlusive disease;
- (f) radiotherapy involving the affected eye;
- (g) retinal detachment in the affected eye;
- (h) retinal vascular occlusive disease of the affected eye;
- (i) retinal vasculitis of the affected eye; or
- (j) any acquired condition causing posterior segment ischaemia of the affected eye;

**"a specified disorder"** means one of the following:

- (a) a benign or malignant tumour;
- (b) a cataract;
- (c) a cyst;
- (d) a vascular malformation or vascular thrombosis;
- (e) amyloidosis;
- (f) anterior lens displacement, subluxation or dislocation;
- (g) choroidal effusion;
- (h) elevated ipsilateral episcleral venous pressure;
- (i) intraocular haemorrhage;
- (j) retinal detachment;
- (k) scleritis or episcleritis; or
- (l) uveitis;

**"acute angle-closure glaucoma"** means angle-closure glaucoma associated with severe eye pain, high intraocular pressure, corneal oedema and poor visual acuity;

**"cumulative equivalent dose"** means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses

received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents;

**"death from angle-closure glaucoma"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's angle-closure glaucoma;

**"relevant service"** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA;

**"sympathetic ophthalmia"** means the presence of uveitis in both eyes following:

- (a) intraocular surgery to one eye; or
- (b) trauma as specified to one eye;

**"terminal event"** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

**"trauma as specified"** means penetrating, blunt, chemical, thermal or ionising radiation injury involving the affected eye that results in intraocular inflammation, intraocular bleeding or other intraocular tissue disruption;

**"uveitis"** means inflammation of the vascular middle coat of the eye ball, comprising the iris, ciliary body and choroid.

### **Application**

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

**Date of effect**

11. This Instrument takes effect from 7 March 2012.

Dated this *twenty-eighth* day of *February* 2012

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRPERSON